National Service Scheme with technical assistance from World Health Organisation (WHO);

(b) if so, the details thereof;

(c) -whether Government have conducted any study on the problem of AIDS in the universities;

(d) if so, the details thereof; and

(e) if not, whether Government are considering any such proposal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The World Health Organisation with the approval of the Government of India has provided technical assistance to the National Service Scheme to support raising awareness amongst students and teachers on AIDS and AIDS prevention methods.

(b) To date, four regional training programmes have been conducted with, selected NSS volunteers, NSS Programme Coordinators and NSS Regional Officers from approximately 60 Universities representing the majority of states and Union territories in India. The training. covered the topic of AIDS and the development of messages and materials aimed at University students. On December 12, 1991, State Awards Ceremonies and student discussions on AIDS will be held to distribute awards to those educational materials developed by students, which are deemed as most effective and well researched. A National Awards Ceremony to be held on December, 19 will single out the two "Best Entries" from each region. All ceremonies will receive maximum media coverage. Those materials deemed appropriate would be printed for wider distribution. A video on this exercise is also proposed to be produced for use in University training programmes.

(c) to (e) No reliable study has been conducted on the problem of AIDS in the universities. Government has no such proposal to conduct any such study at present.

जलांतक से हुई मृत्यु

1937. **श्री रामनरेश यादव : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :**

(क) पिछले तीन वर्षों के दौरान कुत्तों के काटने से हुई जलांतक की बीमारी से वर्षवार और राज्यवार कितने व्यक्तियों की मृत्यु हुई ;

(ख) इस रोग को नियंत्रित करने और इससे होने वाली मौतों को न्यूनतम करने हेतु सरकार ने क्या कदम उठाए हैं ; और

(ग) कुत्तों की संख्या को न्यूनतम करने के लिए क्या कदम उठाए जा रहे हैं ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्रीमती डी० के० तारादेवी सिद्धार्थ) (क) हालांकि रेबीज की घटना के सही आंकड़े उपलब्ध नहीं हैं, तथापि, अनुमान है कि देश में हर वर्ष रेबीज के कारण लगभग 25000 मौतें होती हैं। राज्यों/संघ राज्य क्षेत्रों द्वारा सूचित किए गए कुत्ते के काटे व्यक्तियों और रेबीज के कारण हुई मौतों को दर्शाने वाला एक विवरण अनुपत्र में दिया गया है। [देखिए परिशिष्ट 161, अनुपत्र संख्या 49]

(ख) और (ग) कृषि मंत्रालय ने छठी पंचवर्षीय योजना के दौरान एक राष्ट्रीय कैनाइन रेबीज कार्यक्रम शुरू किया है। इस कार्यक्रम के अंतर्गत विभिन्न राज्यों में राज्य सरकारों और स्थानीय नागरिक निकायों द्वारा शुरू किए गए नियंत्रण कार्यकलापों को पूरक बनाने के लिए 30 रेबीज नियंत्रण एकक स्थापित किए गए हैं।

Central Health Programme

1938. SHRI SANTOSH BAGRODIA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of assistance Government Jteve given to Rajasthan under

Central Health Programme during the last three years, month-wise;

(b) the manner in which the amount has been utilised by the State Government with details of the programmes covered; and

(c) what are the details of assistance proposed to be given to Government of Rajasthan for the above programme during the next plan?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) Under the Constitution, State Governments are responsible for delivery of Health Care Services in their respective States. However, Central Government, through some Centrally Sponsored Schemes, assist the State Governments for centrol/eradication of certain diseases.

(c) The 8th Five Year Plan (1992-97) and Annual Plan 1992-93 have not been finalised as yet.

Family Planning Programme in Populous States

1939. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to concentrate on the four populous northern States of Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan under the family planning programme;

(b) whether an action plan is being formulated in this regard;

(c) if so, the details thereof; and

(d) the extent to which the population growth in these States is likely to be checked?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) to (d) To impart a new thrust and dynamism to the Family Welfare Programme, a draft Actioa Plan lias been evolved in consultation with State Governments/Union Territories Administration- One of the key element of the Action Plan is adoption of a special strategy for 90 districts in the country, where the birth rate is 39 or more per thousand (1981 Census). 83 of these districts are located in the States of Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan. The Action Plan envisages the following steps to improve the programme performance in these districts:—

(i) Micro-level planning will have to be done by the States to identify the needs on a realistic basis for reduction in birth rate in these districts. Resources will be allocated for strengthening of infrastructure and provision of other essential inputs after taking into account the inputs already provided in these districts, through Area Development Projects and other special projects, if any.

(ii) All posts at grass root level of family welfare workers and supervisory officers would be filled up and only motivated officers with excellent record in these districts would be posted.

(iii) Priority for construction of sub-centres and buildings for other health institutions would be given in these districts under the Area Development Projects.

(iv) Intensive training of medical and para-medical personnel would be organised.

(v) Imaginitive IEC programmes de signed to increase family planning ac ceptance by all sections of the so-ciety would be launched through methods best suited to individual needs.

(vi) In order to improve the inters personal communication efforts at the grass root level, a scheme of link volunteers would be implemented in these districts on a pilot basis. The Department of Women and Child Development would be requested to cover all the 90 districts with ICDS programme and suitable linkages developed at